

**STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP**



BlueCross BlueShield of Illinois

I, \_\_\_\_\_ affirm that effective \_\_\_\_\_, day of \_\_\_\_\_  
Employee (print)

20\_\_\_\_, \_\_\_\_\_ and I are no longer Domestic Partners. I make and  
Name of Domestic Partner (print)

file this Statement of Termination of Domestic Partnership in order to cancel the Affidavit of Domestic Partnership filed by me with Blue Cross and Blue Shield of Illinois on \_\_\_\_\_. I certify that I mailed my former Domestic Partner a copy of this notice at \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Name of Employee (print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Address

\_\_\_\_\_  
Date

On this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, before me personally came

\_\_\_\_\_, to me known to be the individual described as "Employee" in the above document entitled "Statement of Termination of Domestic Partnership" and who executed the same as a free and voluntary act for the uses and purposes stated herein.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_